

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 2214983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY	
Application Date October 20, 1980	Division of Mental Health Mental Health Services Section Personal Advocacy Unit - Room 313-H 47 Trinity Avenue, S. W. Atlanta, Georgia 30303	Application Number 80-370	
Application Number DHR-80-38		Date Received OCT 21 1980	Date Completed NOV - 3 1980
1. Person to Contact Ms. Dianne Cross Chief, Personal Advocacy Unit		Working Title Telephone Number 656-4355	

I. Action Requested

- a. ☒ Establish Retention Schedule; record will continue to accumulate.
b. ☐ Dispose of present accumulation; no further accumulation anticipated.
c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supersede; ☐ Void

4. Dates of Series

Earliest Latest

6/77 to present

6. Records Series Title (followed by title used in office, if different)

Mental Health Personal Advocacy Inquiries/ Reports of Incident Files

6. Division and Office Function

What is the function of the Division and the Office in which this record series is created?

The Mental Health Services Section is responsible for liaison between regional and area Mental Health/ Mental Retardation programs and the Region IV Office of DHEW for planning, developing, and monitoring of construction, staffing operations, conversion and other grants covered by the provisions of Public Law 94-63, and 314(d) Public Health Service Federal demonstration funds. This Section comprises units for Forensic, Child and Adolescent, Adult Mental Health, Juvenile Justice, Geriatric, Quality Control & Standards, and Personal Advocacy Services.

The Personal Advocacy Unit is responsible for insuring that mental health programs are responsive to human needs and that the dignity and personal integrity of the individual is maintained.

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.

Documents relating to: responding to inquiries (by patients, their representatives, or other individuals) concerning rights, referrals, requests for treatment, or other matters, at State institutions, and investigating reports of incident, injury, or leave without permission at these institutions.

Included are: form (Referral Source/ Inquirer/ Client) which shows name and phone number of inquirer; client name, age, county; hospital/ mental health center name and address; problem; whether or not serious incident; advice/ solution/ referred to; services rendered, listed; and category, listed. form MH 115 (Incident, Injury, Left Without Permission Report) shows patient identification; report of employee -- date of report; date of incident; ward/unit; time of incident; name(s) of patient(s) involved; description of what happened; signature of head nurse; report of head nurse -- whether treatment was given; by whom; comments; signature of head nurse. form (Personal Advocacy Unit Summary Report) shows data taken from patient inquiry sheets and summarizes inquiry categories, by consortia.

The file is arranged : alphabetically by name of client and name of facility.

3. Monthly Reference Rate	How often are records referred to which are:
One to six months old _____	Seven to twelve months old _____ ; Thirteen to twenty-four months old _____
Twenty-five months and older _____	approx: 150 new cases per month - kept by investigator while (case is active)
3. Annual Rate of Accumulation or Records	
Letter-size drawers 3	Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. contain client names - Georgia Health Code 88-502.10
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? monthly summary If yes, attach copy. (copy attached)
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	7 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

- to fulfill requirements for the possibility of legal action

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon determination that investigation is complete; or that case is closed, place all papers for a particular inquiry in the inactive file; cut off the inactive file at end of each calendar year; hold in current files area 2 years; transfer to State Records Center; hold 5 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Marta J. Perna	10/24/80	Elizabeth W. Crank	10/20/80
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		10-30-80
	Secretary of State/Designee	Conall Hart	
	Attorney General/Designee	M. P. H. H.	11-3-80